



Flu Vaccine Immunization Record

PLEASE PRINT

PLEASE PRINT NAME AS IT APPEARS ON INSURANCE/MEDICARE CARD

(Last)		(First)	(MI)	Birth date:	Sex:
Name:				/ /	Male Female
St address:				age:	Phone:
City:				State:	Zip:
Medicare number: _____				Medicare PART B: YES NO	
MUST include the letter at the end and/or the beginning of the number					
Is Medicare primary insurance?				YES NO	
All other Insurance information					
BC/BS, Harvard Pilgrim, Aetna, Tufts, Fallon, BMC, NHP, Health New England, Unicare, MassHealth					
Primary Insurance Information					
Insurance Name:		_____		Is subscriber employed?	Yes or No
Policy/ID number:		_____		Group number:	_____
Subscriber DOB:		/ /		Subscriber Sex:	F M
Subscriber Name:		_____			
Patient relationship to Subscriber: Please Circle				Spouse	Child Other Self
Check here if you do not have Insurance →→→					
Are you allergic to eggs		NO YES		Are you allergic to Thimerosal (mercury) NO YES	
Are you ill today		NO YES		Have you ever had Guillian Barre Syndrome NO YES	
Are you on anticoagulants		NO YES		Have you ever had the Flu Shot NO YES	
Are you allergic to latex		NO YES		Are you allergic to neomycin/Polymyxin NO YES	

By signing below I am giving my permission for my Insurance to be billed and confirm that I have been given a copy and have read or have had explained to me the information on the flu vaccine information sheet (8/19/2014).

Signature of person to receive vaccine or that persons guardian

Date

DO NOT WRITE BELOW THIS LINE

Injection site: RD LD Nasal Nurses name: _____ Date administered: _____
Vaccine Vaccine
Name: _____ Manufacturer: _____ Lot # _____

Provider name: VNA of Cape Cod, Inc

MDPH Provider PIN #

Clinic/office address: 255 Independence Drive, Hyannis MA 02601

State supplied? Y or N Perserv Free? Y or N name/location of clinic

Your signature above authorizes the release of protected health information pertaining to treatment, payment and operations necessary to this billing process, physicians, medical facilities, contracting provider, and community agencies involved in your care, quality review activities (internal and external, including regulatory and accrediting organizations), and release of outcome information to the state and center for Medicare and Medicaid Services, and Joint commission on Accreditation of Health Care Organizations.